

SEP 10 2004

PAGE 2/8 \* RCVD AT 9/10/2004 11:09:04 AM [Eastern Daylight Time] \* SVR:USPTO-EFAXRF-1/0 \* DNS:8-2729306 \* CSID:5045821747 \* DURATION (mm-ss):04-16

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Application Number	10/661,661
	Filing Date	09/15/03
	First Named Inventor	Nunez
	Art Unit	
	Examiner Name	
	Attorney Docket Number	230

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 26996


OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 27,882
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	Raúl V. Fonte	
Signature		
Date	09-16-04	Telephone 504-582-4234
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

**Raúl V. Fonte**  
**Registered Patent Attorney**  
 1615 POYDRAS STREET, SUITE 253  
 NEW ORLEANS, LOUISIANA 70112  
 U. S. A.

**RECEIVED**  
**CENTRAL FAX CENTER**

SEP 10 2004

**TELEFAX TRANSMITTAL**

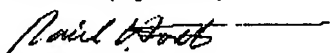
**DATE: 09-10-04**

<b>TO:</b>	Commissioner for Patents P.O. Box 1456 Alexandria, VA 22313-1450	<b>FAX: 703-872-9306</b>	<b>TEL: 866-217-9197</b>
<b>FROM:</b>	Raúl Fonte Registered Patent Attorney 1615 Poydras Street, Suite 253 New Orleans, LA 70112	<b>FAX: 504-582-1747</b>	<b>TEL: 504-582-4234</b>
<b>SUBJECT:</b>	Add USPTO customer number to the files of seven patent applications		

**MESSAGE:** Please add my USPTO Customer Number 26996 to the files of the seven patent applications identified on the attached seven *Change of Correspondence Address* forms. Do not change anything else. The reason for this request is simply that I failed to include my USPTO Customer Number with the patent application documents at the time of their filing. Thank you very much.

Please contact me by telephone, e-mail, fax or regular mail if you have any questions or need additional information.

Very truly yours,



**Raúl V. Fonte**

**Reg. No. 27,882**

**Tel 504-582-4234**

**Fax 504-582-1747**

**E-mail: [rfonte@cticonsult.com](mailto:rfonte@cticonsult.com)**

**Street Address: 1615 Poydras Street, Suite 253, New Orleans, LA 70112**

Attachments

**NO. OF PAGES (INCLUDING THIS PAGE): 8**

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☒ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**